

STUDENTS IN COMMUNICATIVE DISORDERS

STUDENT MANUAL FOR LICENSURE IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

SPEECH-LANGUAGE PATHOLOGY
AND AUDIOLOGY BOARD
1422 HOWE AVENUE, SUITE 3
SACRAMENTO, CA 95825-3204
(916) 263-2666

INTRODUCTION

This manual contains information on speech-language pathology and audiology licensure in the State of California. Licensure is **required** to practice in both disciplines in most settings.

The exception to this requirement is when professional services are provided by a speech-language pathologist or audiologist who is **employed by and practicing in** a public preschool, elementary or secondary school and/or a federal facility.

We have attempted in this manual to separate and define the various components of licensure. If you refer to this manual as you progress through your academic program, you should be prepared to present the materials necessary to begin your supervised professional experience. In California, this is referred to as Required Professional Experience or RPE.

If you also plan to seek certification from the American Speech-Language-Hearing Association, you should contact that organization for information on the requirements.

This manual contains only the information necessary to apply for licensure. For information on additional aspects of licensure, please refer to the current statutes and regulations.

STUDENT MANUAL CHECK LIST

The following check list represents the basic order of completion of the licensure requirements. Your clinical practicum and academic coursework must be completed prior to beginning the required professional experience (RPE). You may, however, complete the examination requirement while still a student or during your RPE period.

ACADEMIC PROGRAM

- _____ Completion of Master's degree program or the equivalent (See Educational Requirements for definition of Master's degree equivalence)
- _____ Completion of Clinical Practicum

BEGIN LICENSURE PROCESS

- _____ Call or write the Speech-Language Pathology and Audiology Board (SLPAB) office for an application packet
- _____ Immediately file the Temporary Required Professional Experience License application form and fee (see section on required professional experience for additional details)

SUBMITTED WITHIN 90 DAYS OF APPROVAL DATE

- _____ Have official transcripts of both bachelor's and master's programs sent directly to the SLPAB office
- _____ File fingerprint card and fingerprint processing fee as soon as possible
- _____ File completed and signed verification of clinical practicum
- _____ File examination score
- _____ File Application for Licensure with passport quality photo, 3" x 3" attached
- _____ File initial license fee

COMPLETION OF LICENSURE PROCESS

- _____ File Verification of Required Professional Experience

EDUCATIONAL REQUIREMENTS

APPROVED PROGRAM

Possession of a Master's degree or the equivalent from an institution approved by the Board is the first basic requirement. An institution approved by the Board must meet one of the following requirements:

Accreditation by the Educational Standards Board (ESB) of the American Speech-Language-Hearing Association (ASHA)

Or, be an

Educational institution listed in the current Guide to Graduate Education in Speech Pathology and Audiology published by ASHA which (1) employs at least one full-time faculty member who holds a doctorate degree who is licensed or has qualifications deemed equivalent (holds a CCC) in the field for which the applicant is seeking a license (speech-language pathology or audiology) and (2) employs at least one full-time, or the equivalent thereof, staff instructor who holds at least a Master's degree in the field for which the applicant is seeking licensure, and (3) has awarded six or more graduate degrees (speech-language pathology or audiology) during the three years preceding application for such a listing.

Ask the program director about the status of the program in which you are interested.

MASTER'S EQUIVALENCE

In lieu of a Master's degree, a student may apply for licensure on completion of equivalent coursework. The equivalent of a Master's degree as defined in Section 1399.152.1 of the Speech-Language Pathology and Audiology Regulations (Title 16 of the California Code of Regulations) reads as follows:

“...in lieu of a Master's degree an applicant may present evidence of completion of at least 30 semester units acceptable toward a Master's degree while registered as a graduate student in a degree program in speech-language pathology and/or audiology. At least 24 of the required semester units shall be completed at a single institution and shall be in speech-language pathology or audiology.”

The law requires applicants to submit evidence of completion of 24 semester hours (or 36 quarter hours) of coursework related to disorders of speech, voice or language for speech-language pathology applicants, or to disorders of hearing and the modification of

communication disorders involving speech and language resulting from hearing disorders for audiology applicants. These 24 units may be taken at either the undergraduate or graduate level.

SPEECH-LANGUAGE PATHOLOGY COURSEWORK

For speech-language pathology, the 24 semester units may be comprised of courses providing:

- 1) information about speech and language disorders, such as:
 - (a) various types of disorders of communication
 - (b) their manifestations
 - (c) their classification and causes
- 2) evaluation skills, such as procedures, techniques, and instrumentation used to assess:
 - (a) the speech and language of children and adults
 - (b) the basis of disorders of speech and language
- 3) management procedures used in habilitation and rehabilitation for children and adults with communication disorders.

In general, these courses must deal directly with principles and practices of speech-language pathology. These semester units do not include credit for thesis, dissertation or clinical practicum.

AUDIOLOGY COURSEWORK

For audiology, the 24 semester units may be comprised of courses concerned with:

- 1) auditory disorders, such as:
 - (a) pathologies of the auditory system
 - (b) assessment of auditory disorders and their effect upon communication
- 2) habilitation/rehabilitation procedures, such as:
 - (a) selection and use of appropriate amplification, both wearable and group, for the hearing-impaired

- (b) evaluation of speech and language problems for the hearing-impaired
 - (c) management procedures for speech and language habilitation and/or rehabilitation of the hearing-impaired (that may include manual communication)
- 3) conservation of hearing, such as:
 - (a) environmental noise control
 - (b) Identification audiometry (school, military, industrial)
- 4) instrumentation, such as:
 - (a) electronics
 - (b) calibration techniques
 - (c) characteristics of amplifying systems

In general, these courses must be concerned directly with principles and practices in audiology. It is suggested that no more than six of these units be exclusively concerned with the communication problems of hearing-impaired individuals. These semester units do not include credit for thesis, dissertation or clinical practicum.

RELATED COURSEWORK

For both speech-language pathology and audiology, the law requires applicants to submit evidence of completion of 36 semester hours (or 48 quarter hours) of courses in related areas. Examples of courses creditable only in this area include courses dealing with the speech, language and hearing processes such as phonetics, anatomy and physiology, speech development, theories of hearing, etc.

Courses in speech-language pathology or audiology in excess of the 24 semester units required in the field may be credited toward this area. Courses designed to improve the communication proficiency of the student (e.g., voice and diction, speech communication, or public speaking) are not creditable. Semester units for thesis, dissertation and clinical practicum are not creditable toward the required coursework.

EXTENSION COURSES

Credit for extension courses are acceptable only if they are a part of the regular graduate curriculum and are accepted toward a graduate degree by the educational institution attended. It is wise to obtain a letter defining the status of extension courses from the

program director when the courses are completed if they are to be submitted toward licensure.

TRANSCRIPTS

To be acceptable, all courses must carry a “C” grade or better.

Proof of your academic coursework must be in the form of official transcripts sent directly to the Board office by your college or university. If you wish, the college or university may send the transcripts directly to you to forward to this office. However, if you send the transcripts in, the transcripts must be unopened.

CLINICAL PRACTICUM

In order to be licensed you will need to submit evidence of completion, in conjunction with academic course requirements, of 300 clock hours of clinical experience in three different clinical settings. This experience should involve individuals representing a wide spectrum of ages and communication disorders. Clinical practicum in speech-language pathology must be gained under the supervision of a licensed speech-language pathologist and in audiology under the supervision of a licensed audiologist.

Both speech-language pathology or audiology majors may claim up to 25 clock hours in aural rehabilitation under the supervision of either a speech-language pathologist or audiologist.

For either a speech-language pathology or audiology major, up to 25 clock hours may be claimed in the field other than that for which the applicant is seeking licensure (speech-language pathology for an audiologist or audiology for a speech-language pathologist) if such clinical experience is supervised by an individual licensed in the minor field.

You may gain supervised clinical experience out-of-state or in an exempt setting (e.g., public elementary or secondary school or federal agency) (1) for speech-language pathology by a licensed speech-language pathologist or a speech-language pathologist having qualifications deemed equivalent by the Board; (2) for audiology by a licensed audiologist or an audiologist having qualifications deemed equivalent by the Board. "Qualifications deemed equivalent by the Board" includes a supervisor who holds a Certificate of Clinical Competence issued by the American Speech-Language-Hearing Association in the field for which licensure is sought.

If you have any questions about a supervisor's qualifications, you may contact the Board office.

The clinical practice can be completed in a variety of settings: in a college or university speech and hearing clinic, in a hospital or community agency, in the public schools, etc. Supervision involves direct observation of your clinical work, preferably in some part of each session. Normally, only one student can gain clinical practicum credit from the same evaluation and therapy session.

Although observations, discussion with your supervisors, preparation time, and other related activities are important, they are not considered as actual patient practicum.

We urge you to keep careful records of your hours. Most programs have clinical logs to be completed and signed by the supervisor. We suggest that you use this information when applying for licensure.

Sample copies of the forms required for licensure are included. These sample forms are not intended for use in applying for licensure.

REPORT OF CLINICAL PRACTICUM FOR CALIFORNIA LICENSURE AS A

Audiologist

INSTRUCTIONS: *Complete reverse side and send to college or university for verification by current training program director before forwarding to board office.*

Supervised Clinical Practicum - The applicant must submit evidence of completion, in conjunction with academic course requirements, in accordance with Section 1399.158 of Article 3 of Division 13.4 of Title 16 of the California Code of Regulations.

The requirements are two hundred seventy-five (275) clock hours of clinical experience shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program on or before December 31, 1992; and three hundred (300) clock hours of clinical experience in three (3) different clinical settings shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program after December 31, 1992.

For either a speech-language pathology or audiology major, twenty-five (25) hours of aural rehabilitation may be supervised by either a speech-language pathologist or audiologist as provided in subsection (a). Another twenty-five (25) hours of the required clinical experience may be in the field other than that for which the applicant is seeking licensure (speech-language pathology for an audiologist or audiology for a speech-language pathologist) if such clinical experience is under a supervisor who is qualified in the minor field as proved in subsection (a). Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2532.2, Business and Profession Code.

*NOTE: Clock hours obtained in a California college or university January 1980 or thereafter must be under the supervision of a licensed speech-language pathologist.

Applicant's full name _____

University or College _____

I certify that all practicum information listed on the back of this form was completed according to all ASHA and State of California practicum requirements.

Signature of Current Training Program Director

License Number or ASHA
Certification Number

Date _____

(Revised 08/98)

Signature of Training Program Director

CLINICAL PRACTICUM

(Audiology)

Applicant's Full Name

ADULTS

Supervisor's Full Name	Location where experience was obtained	Supervisor's CCC Area	Date of Experience Mo/Yr	Record hours under areas in which they were obtained			
				Selection and Use of Amplification & Assistive Devices	Evaluation	Treatment	Related Disorders

TOTALS:

CHILDREN

TOTALS:

Speech-Language Pathology (for majors in audiology)

Supervisor's Full Name	Location where experience was obtained	Supervisor's CCC Area	Date of Experience Mo/Yr	Record hours under areas in which they were obtained			
				Evaluation/Screening		Treatment	
				Speech Disorders	Language Disorders	Speech Disorders	Language Disorders

TOTALS:

REPORT OF CLINICAL PRACTICUM FOR CALIFORNIA LICENSURE AS A

SPEECH-LANGUAGE PATHOLOGIST

INSTRUCTIONS: *Complete reverse side and send to college or university for verification by current training program director before forwarding to board office.*

Supervised Clinical Practicum - The applicant must submit evidence of completion, in conjunction with academic course requirements, in accordance with Section 1399.158 of Article 3 of Division 13.4 of Title 16 of the California Code of Regulations.

The requirements are two hundred seventy-five (275) clock hours of clinical experience shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program on or before December 31, 1992; and three hundred (300) clock hours of clinical experience in three (3) different clinical settings shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program after December 31, 1992.

For either a speech-language pathology or audiology major, twenty-five (25) hours of aural rehabilitation may be supervised by either a speech-language pathologist or audiologist as provided in subsection (a). Another twenty-five (25) hours of the required clinical experience may be in the field other than that for which the applicant is seeking licensure (speech-language pathology for an audiologist or audiology for a speech-language pathologist) if such clinical experience is under a supervisor who is qualified in the minor field as proved in subsection (a). Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2532.2, Business and Profession Code.

*NOTE: Clock hours obtained in a California college or university January 1980 or thereafter must be under the supervision of a licensed speech-language pathologist.

Applicant's full name _____

University or College _____

I certify that all practicum information listed on the back of this form was completed according to all ASHA and State of California practicum requirements.

Signature of Current Training Program Director

License Number or ASHA
Certification Number

Date _____

(Revised 08/98)

Signature of Training Program Director

CLINICAL PRACTICUM

(Speech-Language Pathology)

Applicant's Full Name

Evaluation: ADULTS

Supervisor's Full Name	Location where experience was obtained	Supervisor's CCC Area	Date of Experience Mo/Yr	Record hours under areas in which they were obtained					
				Articulation Disorders	Language Disorders	Speech Disorders	Fluency Disorders	Related Disorders	Dysphagia

TOTALS:

Evaluation: CHILDREN

TOTALS:

Treatment: ADULTS

TOTALS:

Treatment: CHILDREN

TOTALS:

Audiology (for majors in speech-language pathology)

Supervisor's Full Name	Location where experience was obtained	Supervisor's CCC Area	Date of Experience Mo/Yr	Record hours under areas in which they were obtained			
				Evaluation/Screening		Treatment	
				Screening	Audiologic Evaluation	Amplification (Hearing Aid Selection, Treatment)	Treatment of Communication Handicaps of the Hearing Impaired

TOTALS:

REQUIRED PROFESSIONAL EXPERIENCE OR RPE

When you have completed the coursework and clinical practicum requirements and are ready to begin your period of required professional experience, you should request from the Board a license application packet, which contains the Temporary Required Professional Experience License application form. This application form actually represents the first step in the license application procedure.

To be eligible for licensure, an applicant must submit evidence of no less than thirty-six (36) weeks of full-time experience or seventy-two (72) weeks of part-time experience in the area in which licensure is sought. This experience is referred to as the "required professional experience (RPE)". Full-time experience is defined as a minimum of 30 hours per week. Part-time experience is defined as a minimum of 15 hours per week. Consequently, 15-29 hours per week is credited as part-time according to the statutes.

Once your RPE registration form has been approved, a confirmation letter will be sent to both you and your supervisor. You will receive your actual temporary license certificates approximately 4 weeks after the date of your approval letter. **You will note that the approved dates on the letter will allow you to continue working as an RPE for an additional period of time beyond the usual thirty-six week period. This will give you and your supervisor time to submit your verification form to the Board for processing and for the issuance of your official license.**

If seeking licensure in speech-language pathology, this experience must be obtained under the supervision of a licensed speech-language pathologist. If seeking licensure in audiology, this experience must be obtained under the supervision of a licensed audiologist. This professional experience shall follow completion of the coursework and clinical practicum requirements described previously.

This professional experience may be gained in a variety of settings. Because other regulatory programs provide consumer protection in some work settings (for example, in the public schools) the law provides that speech-language pathologists and audiologists who are employed in certain exempt settings are not required to be licensed. Nevertheless, it is possible to obtain the professional experience required for licensure in one of the "exempt" settings, as long as the supervisor has qualifications deemed equivalent by the Board. See clinical practicum section re: qualifications deemed equivalent.

Most changes in your RPE (setting, supervisor, number of hours to be worked) require the completion of a "Notification of Change In The Required Professional Experience" form and prior approval. The only exception is when you are adding an additional setting. You must send a brief letter giving the name and address of the additional setting. **All other changes require completion of the Notification of Change form.**

EXEMPT SETTINGS

If you plan to complete your RPE period in an exempt setting, (e.g., public preschool, elementary or secondary school, VA hospital or other federal facility), prior approval of the plan is not mandatory. However, it is advisable to assure that such experience will be acceptable for licensure. In addition, it is advisable to check with the Board to verify that your proposed work setting qualifies as an exempt setting. Experience obtained in an exempt setting may be denied if the experience or supervision is inadequate.

NON-EXEMPT SETTINGS

If you plan to complete your RPE period in a setting where licensure is required, (e.g., a private practice, speech and hearing clinic, hospital, etc.), the statutes require that you submit your plan to the Board for approval **prior to** commencing practice. Experience obtained in violation of the requirements set out in the law and regulations is not creditable toward licensure.

Note: An RPE candidate who fails to file an RPE plan on a timely basis may be considered to be engaged in the unlicensed practice of speech-language pathology or audiology and may be subject to a citation and fine. The RPE supervisor may also be subject to discipline for aiding and abetting unlicensed practice.

SUPERVISION REQUIRED

The RPE supervisor must provide a minimum of 8 hours per month direct supervision during full-time employment regardless of the setting. At least 50% of the supervisor's direct supervision (4 of the 8 hours) must be during the applicant's evaluation, assessment and treatment procedures.

For part-time employment, the RPE supervisor must provide a minimum of 4 hours per month direct supervision. At least 50% of the supervisor's direct supervision (2 of the 4 hours) must be during the applicant's evaluation, assessment and treatment procedures.

The remainder of the supervisory time for either full-time or part-time applicants may cover record keeping, evaluation, assessment, reports, treatment plans, summaries of case conferences, plans for management, etc.

At the end of the RPE, the supervisor is required to sign a form provided by the Board verifying the satisfactory or unsatisfactory completion of the experience.

A sample copy of the Application for Temporary Required Professional Experience License form and the Notification of Change in the Required Professional Experience form follows.

NOTE: Experience obtained in a classroom setting where the RPE candidate is teaching academic subjects in addition to providing therapy is creditable only for the portion of the hours where the RPE candidate was providing therapy.



Speech-Language Pathology and Audiology Board

1422 HOWE AVENUE, SUITE 3, SACRAMENTO, CA 95825

TELEPHONE: (916) 263-2666/ FAX: (916) 263-2668



APPLICATION FOR TEMPORARY REQUIRED PROFESSIONAL EXPERIENCE LICENSE

INSTRUCTIONS: MAIL COMPLETED APPLICATION AND \$35 FEE TO THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD.

PART A - TO BE COMPLETED BY APPLICANT.

(PLEASE PRINT OR TYPE)

1. FULL NAME: LAST			FIRST			MIDDLE		
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):								
3. *ADDRESS OF RECORD:			STREET					
CITY			STATE			ZIP CODE		
4. RESIDENCE TELEPHONE:				BUSINESS TELEPHONE:				
()				()				
5. SOCIAL SECURITY NUMBER:				DATE OF BIRTH:				
6. FIELD IN WHICH RPE IS REQUESTED:				BASIS FOR FILING:				
AUDIOLOGY _____ SPEECH-LANGUAGE PATHOLOGY _____				MASTER'S DEGREE _____ OTHER _____				
7. ARE YOU EMPLOYED AS A SALARIED EMPLOYEE OF THE PUBLIC SCHOOL? _____ YES _____ NO (IF NO, PRIOR APPROVAL IS REQUIRED.)								
DO YOU RECEIVE A FORM 1099 FROM YOUR EMPLOYER? _____ YES _____ NO								
CHECK APPLICABLE SITUATION: ITINERANT _____ CLASSROOM (TEACHER) _____ PULL-OUT PROGRAM _____								

PART B - TO BE COMPLETED BY THE RPE SUPERVISOR. REFER TO TITLE 16, CALIFORNIA CODE OF REGULATIONS, SECTION 1399.153.3 FOR SUPERVISOR'S RESPONSIBILITIES.

8. NAME OF SUPERVISOR: LAST			FIRST			MIDDLE		
9. BUSINESS ADDRESS: STREET			CITY			STATE		
						ZIP CODE		
10. BUSINESS TELEPHONE:				LICENSE NUMBER:				
()								
11. PROPOSED PERIOD OF PROFESSIONAL EXPERIENCE:				NUMBER OF EMPLOYMENT CONTRACT HOURS PER WEEK:				
_____/_____/_____ TO ____/____/_____				_____				

***YOUR ADDRESS OF RECORD IS PUBLIC INFORMATION AND WILL BE RELEASED UPON REQUEST.**

12. LIST OF PLACE(S) WHERE FUNCTIONS WILL BE PERFORMED:

NAME:

COMPLETE ADDRESS:

_____	_____
_____	_____
_____	_____
_____	_____

13. SUPERVISION:

_____ THE RPE WILL BE WORKING FULL TIME (30-40 HOURS PER WEEK) AND I AGREE TO PROVIDE EIGHT (8) HOURS A MONTH DIRECT SUPERVISION. FOUR (4) OF THE EIGHT HOURS (8) WILL BE IN SCREENING, THERAPY AND EVALUATION.

_____ THE RPE WILL BE WORKING PART TIME (15-29 HOURS PER WEEK) AND I AGREE TO PROVIDE FOUR (4) HOURS A MONTH DIRECT SUPERVISION. TWO (2) OF THE FOUR (4) HOURS WILL BE IN SCREENING, THERAPY AND EVALUATION.

14. THE FOLLOWING SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY APPLICANTS, CURRENTLY HOLDING A TEMPORARY LICENSE WITH THE BOARD, ARE OBTAINING THEIR RPE WORKING UNDER MY SUPERVISION:

_____	AUDIOLOGY _____	SPEECH-LANGUAGE PATHOLOGY _____
RPE EMPLOYEE		
_____	AUDIOLOGY _____	SPEECH-LANGUAGE PATHOLOGY _____
RPE EMPLOYEE		

I, THE RPE APPLICANT, HAVE DISCUSSED THE PLAN FOR SUPERVISION WITH THIS SUPERVISOR (NAMED ON REVERSE SIDE) AND AGREE TO ITS IMPLEMENTATION. I FURTHER CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE IN PART A ARE TRUE. ANY MISREPRESENTATION MAY BE CAUSE FOR DENIAL OF MY TEMPORARY LICENSE.

APPLICANT'S SIGNATURE _____ DATE SIGNED _____
SIGNATURE MUST BE IN BLUE INK

I, THE RPE SUPERVISOR, HAVE DISCUSSED THE PLAN FOR SUPERVISION (AS DESCRIBED IN PART B ON REVERSE SIDE) WITH THE RPE APPLICANT AND HEREBY ACCEPT PROFESSIONAL AND ETHICAL RESPONSIBILITY FOR HIS OR HER PERFORMANCE. I FURTHER CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE IN PART B ARE TRUE. ANY MISREPRESENTATION MAY BE CAUSE FOR DENIAL OF MY LICENSE.

SUPERVISOR'S SIGNATURE _____ DATE SIGNED _____
SIGNATURE MUST BE IN BLUE INK

NOTE: Business and Professions Code Section 2532.2(d) requires that the RPE plan must be approved by the Board before employment may begin.



Speech-Language Pathology and Audiology Board

1422 HOWE AVENUE, SUITE 3, SACRAMENTO, CA 95825

TELEPHONE: (916) 263-2666/ FAX: (916) 263-2668



NOTIFICATION OF CHANGE IN THE REQUIRED PROFESSIONAL EXPERIENCE

I AM REPORTING A CHANGE IN:

- ☐ SETTING (COMPLETE PART A, ITEMS 1-5, AND 8-9, AND PART B, ITEMS 14-16)
- ☐ SUPERVISOR (COMPLETE PART A, ITEMS 1-7, AND PART B, ITEMS 10-13 and 15-16)
- ☐ SUPERVISION AND SETTING (COMPLETE ENTIRE FORM)
- ☐ HOURS; I WILL BE WORKING ____ FULL-TIME ____ PART-TIME
(COMPLETE PART A, ITEMS 1-5, AND PART B, ITEMS 10-16)

I AM REPORTING AN ADDITIONAL:

- ☐ SUPERVISOR (COMPLETE PART A, ITEMS 1-4 AND PART B, ITEMS 9-13 and 16)
- ☐ SUPERVISOR AND SETTING (COMPLETE PART A, ITEMS 1-5 AND PART B, ITEM 10-16)

PART A - TO BE COMPLETED BY APPLICANT.

(PLEASE PRINT OR TYPE)

1. FULL NAME:	LAST	FIRST	MIDDLE
2. *ADDRESS OF RECORD:	STREET	CITY	STATE ZIP CODE
3. RESIDENCE TELEPHONE:	BUSINESS TELEPHONE:		
()	()		
4. FIELD:	SPEECH-LANGUAGE PATHOLOGY		
AUDIOLOGY			
5. ARE YOU EMPLOYED AS A SALARIED EMPLOYEE OF THE PUBLIC SCHOOL? ____ YES ____ NO (IF NO, PRIOR APPROVAL IS REQUIRED.)			
DO YOU RECEIVE A FORM 1099 FROM YOUR EMPLOYER? ____ YES ____ NO			
CHECK APPLICABLE SITUATION: ITINERANT ____ CLASSROOM (TEACHER) ____ PULL-OUT PROGRAM ____			
6. NAME OF PREVIOUS SUPERVISOR:	LAST	FIRST	MIDDLE LICENSE NUMBER:
7. PREVIOUS SUPERVISOR'S ADDRESS:			
8. NAME OF PREVIOUS SETTING:			
9. ADDRESS OF PREVIOUS SETTING:			

PART B - TO BE COMPLETED BY THE NEW OR ADDITIONAL RPE SUPERVISOR. REFER TO TITLE 16, CALIFORNIA CODE OF REGULATIONS, SECTION 1399.153.3 FOR SUPERVISOR'S RESPONSIBILITIES.

10. NAME OF SUPERVISOR:	LAST	FIRST	MIDDLE
11. BUSINESS ADDRESS:	STREET	CITY	STATE ZIP CODE
12. BUSINESS TELEPHONE:	LICENSE NUMBER:		
()			
13. PROPOSED EFFECTIVE DATE OF CHANGE:	NUMBER OF EMPLOYMENT CONTRACT HOURS PER WEEK:		
____/____/____ TO ____/____/____			

***YOUR ADDRESS OF RECORD IS PUBLIC INFORMATION AND WILL BE RELEASED UPON REQUEST.**

14. LIST OF PLACE(S) WHERE FUNCTIONS WILL BE PERFORMED:

NAME:

COMPLETE ADDRESS:

_____	_____
_____	_____
_____	_____
_____	_____

15. SUPERVISION:

_____ THE RPE WILL BE WORKING FULL TIME (30-40 HOURS PER WEEK) AND I AGREE TO PROVIDE EIGHT (8) HOURS A MONTH DIRECT SUPERVISION. FOUR (4) OF THE EIGHT (8) HOURS WILL BE IN SCREENING, THERAPY AND EVALUATION.

_____ THE RPE WILL BE WORKING PART TIME (15-29 HOURS PER WEEK) AND I AGREE TO PROVIDE FOUR (4) HOURS A MONTH DIRECT SUPERVISION. TWO (2) OF THE FOUR (4) HOURS WILL BE IN SCREENING, THERAPY AND EVALUATION.

16. THE FOLLOWING SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY APPLICANTS, CURRENTLY HOLDING A TEMPORARY LICENSE WITH THE BOARD, ARE OBTAINING THEIR RPE WORKING UNDER MY SUPERVISION:

_____	AUDIOLOGY _____	SPEECH-LANGUAGE PATHOLOGY _____
RPE EMPLOYEE		
_____	AUDIOLOGY _____	SPEECH-LANGUAGE PATHOLOGY _____
RPE EMPLOYEE		

I, THE RPE APPLICANT, HAVE DISCUSSED THE PLAN FOR SUPERVISION WITH THIS SUPERVISOR (NAMED ON REVERSE SIDE) AND AGREE TO ITS IMPLEMENTATION. I FURTHER CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE IN PART A ARE TRUE. ANY MISREPRESENTATION MAY BE CAUSE FOR DENIAL OF MY TEMPORARY LICENSE.

APPLICANT'S SIGNATURE _____ DATE SIGNED _____
SIGNATURE MUST BE IN BLUE INK

I, THE RPE SUPERVISOR, HAVE DISCUSSED THE PLAN FOR SUPERVISION (AS DESCRIBED IN PART B ON REVERSE SIDE) WITH THE RPE APPLICANT AND HEREBY ACCEPT PROFESSIONAL AND ETHICAL RESPONSIBILITY FOR HIS OR HER PERFORMANCE. I FURTHER CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE IN PART B ARE TRUE. ANY MISREPRESENTATION MAY BE CAUSE FOR DENIAL OF MY LICENSE.

SUPERVISOR'S SIGNATURE _____ DATE SIGNED _____
SIGNATURE MUST BE IN BLUE INK

NOTE: Business and Professions Code Section 2532.2(d) requires that the RPE plan must be approved by the Board before employment may begin.

EXAMINATIONS

All applicants for licensure must submit a passing score of 600 or more on the appropriate examination, speech-language pathology or audiology, administered by the National Teacher Examination (NTE), a division of the Educational Testing Service (ETS). The examinations, now known as part of The Praxis Series, were formerly under the National Teacher Examination (NTE) division of the testing service.

These examinations are offered at several sites throughout California and the U.S., according to an annual schedule set by ETS. Applications may be obtained from your college or university or by writing or phoning:

The Praxis Series
Educational Testing Service
P.O. Box 6051
Princeton, NJ 08541-6051
(609) 771-7395

The examination may be taken anytime within a five-year period prior to filing an application for licensure or it may be taken while the Required Professional Experience (RPE) is being completed. As it takes approximately 6 weeks for ETS to process and mail out scores, it is **not** advisable to wait until the end of your RPE to sit for the examination. There are no limits on the number of times the examination may be taken.

Once the approved RPE period is completed, it is illegal to continue to practice speech-language pathology or audiology unless your license is issued (unless you are practicing in an exempt setting). **Therefore, it is extremely important to complete all the application procedures by the end of the RPE year.**

When filing for the examination it is suggested you arrange to have a copy of your score sent directly to the Board office using the following address and Reporting Code:

Speech-Language Pathology
And Audiology Board
1422 Howe Avenue, Suite 3
Sacramento, CA 95825-3204

Reporting Code: R8544

FINAL APPLICATION

The final application for licensure should be completed and returned to this office along with the \$25.00 initial license fee. You will also be required to submit a passport quality (bust photo) photograph, approximately 3" x 3" which is to be attached to the license application form.

A sample copy of the Application for Licensure follows.



Speech-Language Pathology and Audiology Board

1422 HOWE AVENUE, SUITE 3, SACRAMENTO, CA 95825

TELEPHONE: (916) 263-2666/ FAX: (916) 263-2668



APPLICATION FOR LICENSURE

SPEECH-LANGUAGE PATHOLOGY _____

AUDIOLOGY _____

TYPE OR PRINT IN BLUE INK. ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED

FULL NAME:	LAST	FIRST	MIDDLE
Have you ever been known by any other name? (If yes, state the FULL name, reason therefore, and inclusive dates.)			
**ADDRESS OF RECORD:	STREET	CITY	STATE ZIP CODE
TELEPHONE: RESIDENCE	BUSINESS		
()	()		
SOCIAL SECURITY NUMBER:	DATE OF BIRTH: (mm/dd/yy)	PLACE OF BIRTH:	
_____ - _____ - _____	_____ / _____ / _____	_____	
EMPLOYER:	NAME	ADDRESS	CITY, STATE, ZIP CODE

EDUCATION REQUIREMENTS: Check which describes the category under which you qualify for licensure:

Master's Degree _____ Preparation equivalent to a Master's Degree _____

EDUCATION

Undergraduate and Graduate Studies

Institution	Location	Major Field of Study	Dates	Degree Received and Date

INSTRUCTIONS: Mail application, *application fee, and all related materials to the Speech-Language Pathology and Audiology Board
 *\$60 license application fee, or * \$25 license application fee due by end of Required Professional Experience (RPE)

**Your address of record is public information and will be released upon request.

Have you taken the Educational Testing Service/National Teacher Examination (NTE) in Speech-Language Pathology or Audiology? <div style="display: flex; justify-content: space-between;"> Yes _____ No _____ If yes, date: ____/____/____ Month Year Your Score: _____ (Minimum score of 600 required) </div>		
Have the Educational Testing Service forward standard score examination results to the Speech-Language Pathology and Audiology Board.		
A. Have you been licensed to practice speech-language pathology or audiology in any state or country or held a Certificate of Clinical Competence issued by the American Speech-Language-Hearing Association? Yes _____ No _____		
B. Please list any and all states in which you hold a current license: _____		
C. In what state was your supervised professional experience or CFY obtained?		
Have you been the subject of any disciplinary action regarding any speech-language pathology, audiology, or other healing arts license which you now hold or have previously held? <div style="display: flex; justify-content: space-between;"> Yes _____ No _____ (If yes, give details on separate sheet) </div>		
Have you ever been denied a license to practice speech-language pathology, audiology, or any other healing arts, in any state? <div style="display: flex; justify-content: space-between;"> Yes _____ No _____ (If yes, give details on separate sheet) </div>		
Have you ever voluntarily surrendered a license to practice in the healing arts in another state? <div style="display: flex; justify-content: space-between;"> Yes _____ No _____ (If yes, give details on separate sheet) </div>		
Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor or felony of any state, the United States, or a foreign country? (Except violations of traffic laws resulting in fines of \$75 or less) <div style="display: flex; justify-content: space-between;"> Yes _____ No _____ (If yes, give details on separate sheet) </div>		
You are requested to list any conviction that has been set aside and/or dismissed under Penal Code Section 1203.4 or under any other provision of the law.		

NOTE: The photograph AND the sworn statement below must be dated within sixty (60) days of the filing date of this application.

ATTACH 2" x 2" OR 3" x 3"
PASSPORT TYPE PHOTOGRAPH

PLACE PHOTO HERE

STATEMENT OF APPLICANT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE HEREIN ARE TRUE IN EVERY RESPECT, AND THAT MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF THIS APPLICATION, OR FOR SUSPENSION OR REVOCATION OF A LICENSE.

DATE: _____ SIGNATURE: _____
(Revised Nov-99)

RPE VERIFICATION

Upon completion of your RPE, your supervisor will need to submit the Required Professional Experience Verification form. You may continue to work while your RPE Verification form is being reviewed and approved by the Board Office.

A sample copy of the RPE Verification form follows.



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REQUIRED PROFESSIONAL EXPERIENCE (*VERIFICATION*)

TYPE OR PRINT

APPLICANT'S NAME:		LAST	FIRST	MIDDLE
APPLICANT'S RESIDENCE ADDRESS:				
SUPERVISOR'S NAME:			LICENSE NUMBER:	
NAME AND ADDRESS WHERE EXPERIENCE WAS OBTAINED:				
CITY		STATE		ZIP CODE
BUSINESS PHONE:				
()				
APPLICANT'S HOURS PER WEEK:			DATES OF EXPERIENCE: (MM/DD/YY)	
			FROM:	TO:
SUPERVISION:				
<p>_____ THE RPE WORKED FULL-TIME (30-40 HOURS PER WEEK) AND I PROVIDED EIGHT (8) HOURS A MONTH OF DIRECT SUPERVISION. FOUR (4) OF THE EIGHT HOURS (8) WERE IN SCREENING, THERAPY AND EVALUATION.</p> <p>_____ THE RPE WORKED PART-TIME (15-29 HOURS PER WEEK) AND I PROVIDED FOUR (4) HOURS A MONTH OF DIRECT SUPERVISION. TWO (2) OF THE FOUR (4) HOURS WERE IN SCREENING, THERAPY AND EVALUATION.</p>				
PERFORMANCE OF RPE APPLICANT WAS:				
			SATISFACTORY	<input type="checkbox"/>
			UNSATISFACTORY	<input type="checkbox"/>
COMMENTS:				

I declare under penalty of perjury under the laws of the State of California that I have discussed the foregoing with the applicant and that the statements made herein are true and correct, and I did not supervise more than two (2) other applicants obtaining their Required Professional Experience (RPE) during the same period of time. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect, and that misstatements or omissions of material facts may be cause for denial of this verification, or for suspension or revocation of my license.

DATE

SUPERVISOR'S SIGNATURE

INFORMATION COLLECTION AND ACCESS

The Speech-Language Pathology and Audiology Board's Executive Officer is the person who is responsible for information maintenance. Section 2532 of the Business and Professions Code is the authority, which authorizes the maintenance of the information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.

INITIAL LICENSE

Following receipt and approval of all required information, the applicant will be issued a license to practice in California. The initial license is a permanent document suitable for framing. It bears the licensee's name and date of issue. It may be replaced for a fee, only in the event of loss of the original or a change of name. Licensees are also issued a pocket license, which is intended for use as proof of current licensure.

POCKET LICENSE & LICENSE RENEWAL

Licenses must be renewed every two years and expire on the last day of the month of the licensee's second birthday following the initial issue date. Renewal notices are mailed approximately 90 days prior to the renewal due date. On receipt of the renewal fee, a new pocket license is generated, which is valid for 2 years from the date of expiration.

CONTINUING PROFESSIONAL DEVELOPMENT

As of January 1, 2001, a requirement for completion of **twelve clock hours** of continuing professional development is necessary for license renewal. After January 1, 2002 and every succeeding renewal period, **twenty-four clock hours** of continuing professional development is required for license renewal. The continuing professional development hours must be obtained by a continuing professional development provider approved by the Board.